



Davis Wright  
Tremaine LLP

Suite 800  
1919 Pennsylvania Avenue NW  
Washington, D.C. 20006-3401

James W. Tomlinson  
202.973.4253 tel.  
[jtomlinson@dwt.com](mailto:jtomlinson@dwt.com)

RECEIVED

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IDAHO PUBLIC  
UTILITIES COMMISSION

**VIA OVERNIGHT DELIVERY**

June 30, 2014

Jean Jewell  
Commission Secretary  
Idaho Public Utilities Commission  
472 W. Washington  
Boise, Idaho 83720-0074

GNR-T-14-01

**Re: FCC Form 481 Filing of Nexus Communications, Inc.**

Dear Ms. Jewell:

In accordance with 47 C.F.R. § 54.422, Nexus Communications, Inc. ("Nexus") hereby files with the Commission a copy of its FCC Form 481 for program year 2015 (data year 2013) for the state of Idaho, along with the required affidavit.

Nexus has filed this Form 481 with the Universal Service Administrative Company and the Federal Communications Commission.

Please contact me if you have any questions regarding this filing.

Respectfully submitted,

A handwritten signature in cursive script that reads "James W. Tomlinson".

James W. Tomlinson

State of Ohio )  
 ) ss  
County of Franklin ) CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER  
OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER  
PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN EMERGENCIES,  
AND USE OF FEDERAL HIGH-COST SUPPORT.

**AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER**

The Idaho Public Utilities Commission Order No. 29841 requires that Eligible Telecommunications Carriers certify that it is compliant with applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

1. I am an officer of Nexus Communications, Inc. ("Nexus"), an eligible telecommunications carrier for receiving federal universal service support under section 214(e) of the Telecommunications Act of 1996 in the state of Idaho.
2. I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules as set forth in Commission Order No. 29841.
3. Nexus is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. § 54.201(a)(2).
5. I also certify that all federal universal service support funds received by Nexus during the current calendar year will be used in a manner consistent with section 254(e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, 2015, through December 31, 2015, to be eligible for federal universal service fund support.
6. This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254(e) of the Telecommunications Act.



Subscribed and sworn to before me this 20<sup>th</sup> day of June, 2014  
Name/Title [Signature]  
Date 6/20/2014  
Ali J. Deek  
Notary Public, State of Ohio  
My Commission Expires 5-6-19  
Notary Public for State of Ohio, residing at Franklin County  
My Commission expires May 6<sup>th</sup>, 2019



**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

OMB 3060-0986

OMB 3060-0819

Avg. Burden Estimate per Respondent: 20 Hours

<010> Study Area Code	479017
<015> Study Area Name	Nexus Communications, Inc.
<020> Program Year	2015 (data year 2013)
<030> Contact Name: Person USAC should contact with questions about this data	Steven Fenker, President
<035> Contact Telephone Number: Number of the person identified in data line <030>	(740) 549 - 1092
<039> Contact Email: Email of the person identified in data line <030>	sfenker1@earthlink.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> n/a <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed <input type="checkbox"/> n/a		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile <input type="checkbox"/> n/a		<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed <input type="checkbox"/> n/a		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile <input type="checkbox"/> n/a		<input type="checkbox"/>	<input type="checkbox"/>
Where "n/a" is indicated, the question is not applicable to Nexus Communications because the company has been designated an ETC for this study area by the state		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986  
OMB Control No. 3060-0819  
April 2014

[illegible]

[illegible]

**(1200) Terms and Condition for Lifeline Customers****Lifeline**

FCC Form 481  
OMB Control No. 3060-0986  
OMB Control No. 3060-0819  
April 2014

**Data Collection Form**

<010>	Study Area Code	479017
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2015 (data year 2013)
<030>	Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<b>Please see link below.</b>
		Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP <a href="http://www.reachoutmobile.com/terms">http://www.reachoutmobile.com/terms</a>

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986  
 OMB Control No. 3060-0819  
 April 2014

<010> Study Area Code	479017
<015> Study Area Name	Nexus Communications, Inc.
<020> Program Year	2015 (data year 2013)
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<039> Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**


I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Nexus Communications, Inc.	
Signature of Authorized Officer: / s / Steven Fenker (see associated PDF for signature)	Date: 06/26/2014
Printed name of Authorized Officer: Steven Fenker	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: (740) 549 - 1092	
Study Area Code of Reporting Carrier: 479017	Filing Due Date for this form: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Reporting Carrier  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0886  
OMB Control No. 3060-0819  
April 2014

<010>	Study Area Code	479017
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

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